

# PERSONAL FINANCIAL DISCLOSURE

"TIER 2"

LSA-R.S. 42:1124.2

☒ ORIGINAL REPORT

☐ AMENDED REPORT

This Report Covers Calendar Year 2008

Office Held or Position Sought Coroner, Saint Tammany Parish

Date of Election Nov 6, 2007

Date of Qualifying \_\_\_\_\_

Full Name of Filer: PETER RANDALL GALVAN, M.D.

Full Name of Spouse: ALISON MANDERS GALVAN, M.D.

Mailing Address: 135 AYSHIRE COURT

Street

Apt. #

SLIDELL

LOUISIANA

70461

City

State

Zip Code

Spouse's Occupation: OFFICE MANAGER

Spouse's Principal Business Address, if any:

550 BROWNSWITCH ROAD

Street

Suite #

SLIDELL

LOUISIANA

70458

City

State

Zip Code

Select One: ☒ (A) I certify that I have filed my federal income tax return for the previous year.

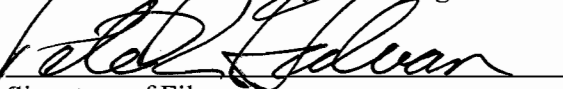
☐ (A) I certify that I have filed for an extension of my federal income tax return for the previous year.

Select One: ☒ (B) I certify that I have filed my state income tax return for the previous year.

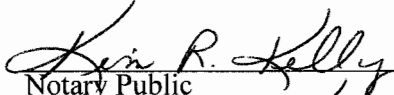
☐ (B) I certify that I have filed for an extension of my state income tax return for the previous year.

## CERTIFICATION OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.

  
Signature of Filer

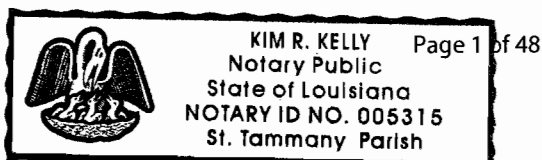
Sworn to and subscribed before me this 13<sup>th</sup> day of May, 2009

  
Notary Public

Printed Name: Kim R. Kelly

ID# 005315

Commission Expires with life



**SCHEDULE A  
EMPLOYMENT INFORMATION**

☐ Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name <u>Saint Tammany Parish Coroner's Office</u>		Job Title <u>Coroner</u>	
Employer Address <u>550 Brownswitch Rd.</u>			
Street		Suite #	
<u>Slidell</u>	<u>La.</u>	<u>70458</u>	
City	State	Zip Code	
Job Description <u>Coroner</u>			

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name <u>PETER R. GALVAN M.D. APMC</u>		Job Title <u>STAFF PHYSICIAN</u>	
Employer Address <u>550 BROWNSWITCH ROAD</u>			
Street		Suite #	
<u>SLIDELL</u>	<u>LOUISIANA</u>	<u>70458</u>	
City	State	Zip Code	
Job Description <u>TREATING PHYSICIAN FOR ILL PATIENTS</u>			

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name <u>PETER R. GALVAN M.D. APMC</u>		Job Title <u>OFFICE MANAGER</u>	
Employer Address <u>550 BROWNSWITCH ROAD</u>			
Street		Suite #	
<u>SLIDELL</u>	<u>LOUISIANA</u>	<u>70458</u>	
City	State	Zip Code	
Job Description <u>MANAGE ALL DAY TO DAY OPERATIONS OF THE OFFICE</u>			

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name _____		Job Title _____	
Employer Address _____			
Street		Suite #	
_____	_____	_____	
City	State	Zip Code	
Job Description _____			

**SCHEDULE B**  
**POSITIONS - BUSINESS**

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

**Note: For this page ONLY, the “amount of interest” must be reported as a percentage figure.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest    100    %
Name of Business <u>PETER R. GALVAN M.D. APMC</u>	
Address <u>550 BROWNSWITCH ROAD</u>	
Street	Suite #
<u>SLIDELL</u>	<u>70458</u>
City	State
<u>LOUISIANA</u>	Zip Code
Business Description <u>MEDICAL OFFICE/PRACTICE</u>	
Nature of Association <u>OWNER/DIRECTOR</u>	

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest    100    %
Name of Business <u>GALCOR INCORPORATED</u>	
Address <u>550 BROWNSWITCH ROAD</u>	
Street	Suite #
<u>SLIDELL</u>	<u>70458</u>
City	State
<u>LOUISIANA</u>	Zip Code
Business Description <u>THIS BUSINESS IS NO LONGER IN OPERATION, BUT THE CORPORATION STILL EXISTS</u>	
Nature of Association <u>OWNER/DIRECTOR</u>	

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	Amount of Interest    50    %
Name of Business <u>FLORIDA PARISHES HOLDINGS</u>	
Address <u>550 BROWNSWITCH RD</u>	
Street	Suite #
<u>SLIDELL</u>	<u>70458</u>
City	State
<u>LA</u>	Zip Code
Business Description <u>LAND HOLDINGS</u>	
Nature of Association <u>PARTNER</u>	

**SCHEDULE C**  
**POSITIONS - NONPROFIT**

☒ Check if Not Applicable

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization _____		Nature of Association _____
Address _____		
Street _____		Suite # _____
City _____	State _____	Zip Code _____
Organization Description _____		

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization _____		Nature of Association _____
Address _____		
Street _____		Suite # _____
City _____	State _____	Zip Code _____
Organization Description _____		

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization _____		Nature of Association _____
Address _____		
Street _____		Suite # _____
City _____	State _____	Zip Code _____
Organization Description _____		

**SCHEDULE D**  
**INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,**  
**AND/OR GAMING INTERESTS**

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

**Note: For this page ONLY, the “amount of income” must be reported as an exact dollar figure.**

☐ Filer ☐ Spouse ☒ Business

Amount of Income \$ 51,767.04

Name of Business, if applicable PETER R. GALVAN M.D. APMC

Name of Source of Income CITY OF SLIDELL

Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming Interest

Address P.O. BOX 828

Street

SLIDELL

City

LOUISIANA

State

Suite #

70459

Zip Code

☐ Filer ☐ Spouse ☒ Business

Amount of Income \$ 6,882

Name of Business, if applicable PETER R. GALVAN M.D. APMC

Name of Source of Income CITY OF SLIDELL

Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming Interest

Address P.O. BOX 828

Street

SLIDELL

City

LOUISIANA

State

Suite #

70459

Zip Code

☐ Filer ☐ Spouse ☒ Business

Amount of Income \$ 747.28

Name of Business, if applicable PETER R. GALVAN M.D. APMC

Name of Source of Income STATE OF LOUISIANA, DEPARTMENT OF HEALTH AND HOSPITALS

Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming Interest

Address P.O. BOX 91117

Street

BATON ROUGE

City

LOUISIANA

State

Suite #

71821

Zip Code

**SCHEDULE D**  
**INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,**  
**AND/OR GAMING INTERESTS**

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

**Note: For this page ONLY, the “amount of income” must be reported as an exact dollar figure.**

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business	Amount of Income \$ 22,892.92
Name of Business, if applicable PETER R. GALVAN M.D. APMC	
Name of Source of Income CITY OF SLIDELL	
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address P.O. BOX 828	
Street	Suite #
SLIDELL	70459-0828
City	State
	Zip Code

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business	Amount of Income \$ 21,421.13
Name of Business, if applicable PETER R. GALVAN M.D. APMC	
Name of Source of Income ST. TAMMANY PARISH SCHOOL BOARD	
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address P.O. BOX 940	
Street	Suite #
COVINGTON	70434-0940
City	State
	Zip Code

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business	Amount of Income \$ 1,300
Name of Business, if applicable PETER R. GALVAN M.D. APMC	
Name of Source of Income ST. TAMMANY PARISH SHERIFF'S DEPARTMENT	
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address P.O. BOX 1229	
Street	Suite #
SLIDELL	70459
City	State
	Zip Code

**SCHEDULE D**  
**INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,**  
**AND/OR GAMING INTERESTS**

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

**Note: For this page ONLY, the “amount of income” must be reported as an exact dollar figure.**

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business	Amount of Income \$ 600
Name of Business, if applicable <u>PETER R. GALVAN M.D. APMC</u>	
Name of Source of Income <u>ST. TAMMANY PARISH</u>	
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>21490 KOOP DRIVE</u>	
Street	Suite #
<u>MANDEVILLE</u>	<u>LA</u>
City	Zip Code
<u>70471</u>	<u>70471</u>

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business	Amount of Income \$ 656.83
Name of Business, if applicable <u>PETER R. GALVAN M.D. APMC</u>	
Name of Source of Income <u>ST. TAMMANY FIRE DISTRICT 7</u>	
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>73469 HIGHWAY 41</u>	
Street	Suite #
<u>PEARL RIVER</u>	<u>LA</u>
City	Zip Code
<u>70452</u>	<u>70452</u>

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business	Amount of Income \$ 42
Name of Business, if applicable <u>PETER R. GALVAN M.D. APMC</u>	
Name of Source of Income <u>STATE OF MISSISSIPPI DISABILITY DETERMINATION SERVICES</u>	
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address <u>1281 HIGHWAY 51</u>	
Street	Suite #
<u>MADISON</u>	<u>MS</u>
City	Zip Code
<u>39110</u>	<u>39110</u>

**SCHEDULE D**  
**INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,**  
**AND/OR GAMING INTERESTS**

☐ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

**Note: For this page ONLY, the “amount of income” must be reported as an exact dollar figure.**

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Business	Amount of Income \$ 220
Name of Business, if applicable   PETER R. GALVAN M.D. APMC	
Name of Source of Income   STATE OF LOUISIANA DEPT. OF SOCIAL SERVICES, DISABILITY DETERMINATIONS	
Type of Income: <input type="checkbox"/> State <input checked="" type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address   627 N. FOURTH ST.	
Street	Suite #
BATON ROUGE	LA
City	State
	Zip Code
70802	

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$
Name of Business, if applicable	
Name of Source of Income	
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address	
Street	Suite #
City	State
	Zip Code

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$
Name of Business, if applicable	
Name of Source of Income	
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address	
Street	Suite #
City	State
	Zip Code



**SCHEDULE E**  
**INCOME RECEIVED FROM EMPLOYMENT**

☐ Check if Not Applicable

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse.

**INCOME SHALL BE REPORTED BY CATEGORY.**

**DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.**

**INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.**

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	I    II    III    IV
<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Employer Name PETER R. GALVAN M.D. A.P.M.C.		Job Title STAFF PHYSICIAN
Employer Address 550 BROWNSWITCH ROAD		
Street		Suite #
SLIDELL	LOUISIANA	70458
City	State	Zip Code
Nature of services rendered pursuant to the employment		
PROVIDE MEDICAL SERVICES/TREATMENT TO ILL PATIENTS		

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	I    II    III    IV
<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Employer Name ST. TAMMANY PARISH CORONER		Job Title CORONER
Employer Address 550 BROWNSWITCH ROAD		
Street		Suite #
SLIDELL	LOUISIANA	70458
City	State	Zip Code
Nature of services rendered pursuant to the employment		
SERVE AS CORONER, WITH ALL THE INCUMBENT DUTIES REQUIRED BY THE OFFICE		

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	I    II    III    IV
<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Amount of Income: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Employer Name PETER R. GALVAN M.D. APMC		Job Title OFFICE MANAGER
Employer Address 550 BROWNSWITCH ROAD		
Street		Suite #
SLIDELL	LOUISIANA	70461
City	State	Zip Code
Nature of services rendered pursuant to the employment		
COORDINATE THE DAY-TO-DAY OPERATIONS OF THE MEDICAL OFFICE		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

I    II    III    IV

Aggregate Amount of Income received from the business interests listed on Schedule F:    ☐    ☐    ☐    ☒

☒ Filer    ☐ Spouse

Name of Business HUMANA INC

Address P.O. BOX 740083

Street

LOUISVILLE

City

KY

State

Suite #

40202

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer    ☐ Spouse

Name of Business LOUISIANA HEALTH SERVICE AND INDEMNITY COMPANY

Address P.O. BOX 98029

Street

BATON ROUGE

City

LA

State

Suite #

70898

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer    ☐ Spouse

Name of Business EW ORLEANS LA 701153584

Address P.O. BOX 98024

Street

BATON ROUGE

City

LA

State

Suite #

70898

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business PGBA LLC

Address P.O. BOX 100156

Street

COLUMBIA

City

SC

State

Suite #

29202-3156

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business V.A. FINANCIAL SERVICES CENTER

Address P.O. BOX 149975

Street

AUSTIN

City

TX

State

Suite #

78714-9575

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business GREAT-WEST LIFE AND ANNUITY INSURANCE CO

Address P.O. BOX 1080, 10860611

Street

DENVER

City

CO

State

Suite #

70458-1104

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business WPS TRICARE FOR LIFE

Address P.O. BOX 8730

Street

MADISON

City

WISCONSIN

State

Suite #

53708

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business FLOWERS BAKING CO. OF NEW ORLEANS, LLC

Address 132 N. BROAD ST.

Street

THOMASVILLE

City

GA

State

Suite #

31792

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business DEFINITY HEALTH CORPORATION

Address 1003 BROAD STREET

Street

JOHNSTON

City

PA

State

300

Suite #

15906-2445

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business CIGNA HEALTHCARE BENEFITS, INC		
Address 900 COTTAGE GROVE ROAD		
Street		Suite #
HARTFORD	CT	06152
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
MEDICAL AND HEALTH CARE PAYMENTS		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business COVENANT ADMINISTRATORS, INC		
Address P.O. BOX 105738		
Street		Suite #
ATLANTA	GA	30348-5738
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
MEDICAL AND HEALTH CARE PAYMENTS		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business OFFICE OF GROUP BENEFITS		
Address P.O. BOX 44036		
Street		Suite #
BATON ROUGE	LA	70804
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
MEDICAL AND HEALTH CARE PAYMENTS		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>ZENITH ADMINISTRATORS, INC</u>		
Address	<u>201 QUENN ANNE AVE. N.</u>	<u>100</u>
	<u>Street</u>	<u>Suite #</u>
	<u>SEATTLE</u>	<u>WA</u>
	<u>City</u>	<u>State</u>
		<u>98109-4824</u>
		<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTH CARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>FIRST HEALTH LIFE AND HEALTH INSURANCE</u>		
Address	<u>2650 S. DECKER LAKE LANE</u>	
	<u>Street</u>	<u>Suite #</u>
	<u>SALT LAKE CITY</u>	<u>UT</u>
	<u>City</u>	<u>State</u>
		<u>84119</u>
		<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTH CARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>BOILERMAKERS NAT'L H &amp; W FUND</u>		
Address	<u>754 MINNESOTA AVE.</u>	
	<u>Street</u>	<u>Suite #</u>
	<u>KANSAS CITY</u>	<u>MO</u>
	<u>City</u>	<u>State</u>
		<u>66101-2729</u>
		<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTH CARE PAYMENTS</u>		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business PALMETTO GBA LLC

Address 2300 SPRINGDALE DRIVE

Street

CAMDEN

City

SC

State

Suite #

29020

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business HARVARD PILGRIM HEALTH CARE, INC

Address 93 WORCESTER STREET

Street

WELLESLEY HILLS

City

MA

State

Suite #

02481

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business AETNA LIFE INSURANCE COMPANY MEDICAL SERVICES

Address P.O. BOX 2986

Street

HARTFORD

City

CT

State

Suite #

06156

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business INSURANCE MANAGEMENT ADMIN.

Address P.O. BOX 71120

Street

BOSSIER CITY

City

LA

State

Suite #

71171-1120

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business HIP INSURANCE COMPANY OF NY

Address 55 WATER ST.

Street

NEW YORK

City

NY

State

Suite #

10041-0004

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business ASBESTOS WORKERS LOCAL #53

Address 2001 VETERANS MEMORIAL BLVD

Street

KENNER

City

LA

State

201

Suite #

70062

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS



**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business GILBAR INC

Address P.O. BOX 998

Street

Suite #

COVINGTON

LA

70434-0998

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business THE TRAVELERS INDEMNITY COMPANY

Address ONE TOWER SQUARE

3MS

Street

Suite #

HARTFORD

CT

06183-4061

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business UNITED HEALTHCARE INSURANCE COMPANY

Address 1003 BROAD STREET

300

Street

Suite #

JOHNSTON

PA

15906-2445

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business AMERICAN MARITIME OFFICERS MEDICAL PLAN

Address 2 WEST DIXIE HIGHWAY

Street

Suite #

DANIA BEACH

FL

33004-0035

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business PHYSICIANS MUTUAL INS. CO.

Address 2600 DODGE ST.

Street

Suite #

OMAHA

NE

68131

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business PINNACLE BUSINESS SOLUTIONS, INC DBA PINNACLE MEDICARE SERVICES

Address 515 W. PERSHING BLVD

Street

Suite #

NORTH LITTLE ROCK

AR

72114

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business MEDCOM CARE MANAGEMENT

Address P.O. BOX 998

Street

COVINGTON

City

LA

State

Suite #

70434-0998

Zip Code

Description of services rendered for the business or a reason the income was received:

NONEMPLOYEE COMPENSATION -- ADVISORY BOARD MEMBER

☒ Filer ☐ Spouse

Name of Business AMA INSURANCE AGENCY

Address 200 N LASALLE STE 400

Street

CHICAGO

City

IL

State

Suite #

60601

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business AMERICAN LIFECARE

Address 1100 POYDRAS #2600

Street

NEW ORLEANS

City

LA

State

Suite #

70163

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer   ☐ Spouse

Name of Business AMERICAN POSTAL WORKERS UNION

Address PO BOX 1358

Street

Suite #

GLEN BURNIE

MD

21060

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer   ☐ Spouse

Name of Business AMERICAN SOCIETY OF CIVIL ENGINEERS

Address PO BOX 5108

Street

Suite #

DESMOINES

IA

50306

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer   ☐ Spouse

Name of Business AMO MEDICAL PLAN

Address PO BOX 35

Street

Suite #

DANIA BEACH

FL

33004

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business BANKERS LIFE PRINCIPAL FINANCIAL

Address PO BOX 66927

Street

CHICAGO

City

IL

State

Suite #

60666

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business BENEFIT MANAGEMENT SERVICES

Address PO BOX 98044

Street

BATON ROUGE

City

LA

State

Suite #

70898

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business BENEFIT PLANNERS

Address PO BOX 690450

Street

SAN ANTONIO

City

TX

State

Suite #

78269

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>BENESYS</u>		
Address <u>PO BOX 81189</u>		
<u>Street</u>	<u>Suite #</u>	
<u>LAFAYETTE</u>	<u>LA</u>	<u>70598</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTH CARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>BLUE CROSS BLUE SHIELD OF LOUISIANA</u>		
Address <u>P.O. BOX 98028, PO BOX 98024, PO BOX 98029,</u>		
<u>Street</u>	<u>Suite #</u>	
<u>BATON ROUGE</u>	<u>LA</u>	<u>70898</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTH CARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>BLUE CROSS BLUE SHIELD OF MINNESOTA</u>		
Address <u>PO BOX 64338</u>		
<u>Street</u>	<u>Suite #</u>	
<u>ST. PAUL</u>	<u>MN</u>	<u>55164</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTH CARE PAYMENTS</u>		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>BLUE CROSS BLUE SHIELD OF MISSISSIPPI</u>		
Address <u>PO BOX 1043</u>		
Street	Suite #	
<u>JACKSON</u>	<u>MS</u>	<u>39215</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTH CARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>BRIDGESTONE CLAIM SERVICES</u>		
Address <u>PO BOX 247</u>		
Street	Suite #	
<u>SHELDON</u>	<u>IA</u>	<u>51201</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTH CARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>CATHOLIC MUTUAL GROUP</u>		
Address <u>1000 HOWARD AVENUE</u>		
Street	Suite #	
<u>NEW ORLEANS</u>	<u>LA</u>	<u>70113</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTH CARE PAYMENTS</u>		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business CCMSI

Address	1615 POYDRAS ST.	860
Street		Suite #
NEW ORLEANS	LA	70112
City	State	Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business CENTRAL UNITED LIFE INS COMPANY

Address	10700 NORTHWEST FREEWAY	
Street		Suite #
HOUSTON	TX	77092
City	State	Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business CHRISTIAN BROTHERS SERVICES

Address	1205 WINDHAM PARKWAY	
Street		Suite #
ROMEDEVILLE	IL	60446
City	State	Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS



**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business CHUCK BRANTON ATTY

Address 200 COMMERCIAL SQUARE

Street

SLIDELL

City

LA

State

Suite #

70458

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business CONSTITUTION LIFE

Address PO BOX 130

Street

PENSACOLA

City

FL

State

Suite #

32591

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business CONTINENTAL LIFE

Address PO BOX 1188

Street

BRENTWOOD

City

TN

State

Suite #

37024

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business CROSSAMERICA HEALTH PLANS

Address PO BOX 5778

Street

PARSIPPANY

City

NJ

State

Suite #

07054

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business EAGLE CONSULTING LLC

Address 1800 CAROL SUE AVE.

Street

GRETNA

City

LLA

State

7

Suite #

70056

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business FARA BENEFIT SERVICES

Address PO BOX 8770

Street

METAIRIE

City

LA

State

Suite #

70011

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☐ Filer ☐ Spouse

Name of Business FOUNDATION BENEFITS ADMINISTRATION

Address 6300 BRIDGEPOINT PKWY

400

Street

Suite #

AUSTIN

TX

78730

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business GALLAGHER AND BASSETT

Address PO BOX 23812

Street

Suite #

TUCSON

AZ

85734

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business GEHA

Address PO BOX 4665

Street

Suite #

INDEPENDENCE

MO

64051

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business GM SOUTHWEST

Address PO BOX 6000

Street

FRISCO

City

TX

State

Suite #

75034

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business GROUP AND PENSION ADMINISTRATORS

Address PO BOX 749075

Street

DALLAS

City

TX

State

Suite #

75374

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business GROUP BENEFIT SERVICES INC PHCS

Address PO BOX 1547

Street

COCKEYSVILLE

City

MD

State

Suite #

21030

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTH CARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business GUARANTEE TRUST LIFE INS COMPANY

Address PO BOX 1144

Street

Suite #

GLENVIEW

IL

60025

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Address PO BOX 690450

Street

Suite #

SAN ANTONIO

TX

78269

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business HEALTH PLANS INC

Address PO BOX 5199

Street

Suite #

WESTBOROUGH

MA

01581

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>HEALTHCARE SELECT NETWORK</u>		
Address	<u>200 WEST ESPLANADE AVE</u>	<u>600</u>
	<u>Street</u>	<u>Suite #</u>
	<u>KENNER</u>	<u>LA</u>
	<u>City</u>	<u>State</u>
		<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>HEALTHSCOPE BENEFITS - CNA HEALTH PARTNERS</u>		
Address	<u>PO BOX 619055</u>	
	<u>Street</u>	<u>Suite #</u>
	<u>DALLAS</u>	<u>TX</u>
	<u>City</u>	<u>State</u>
		<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>HIPIC</u>		
Address	<u>PO BOX 2858</u>	
	<u>Street</u>	<u>Suite #</u>
	<u>NEW YORK</u>	<u>NY</u>
	<u>City</u>	<u>State</u>
		<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☐ Filer ☒ Spouse

Name of Business INTER-AMERICAS, INS CORP

Address PO BOX 9510

Street

WICHITA

City

KS

State

Suite #

67277

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

☐ Filer ☒ Spouse

Name of Business LA CARPENTERS

Address 3351 SEVERN

Street

METAIRIE

City

202

Suite #

70002

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

☐ Filer ☒ Spouse

Name of Business LA SLEEP DIAGNOSTICS

Address 8140 TRANQUILITY CIRCLE

Street

DENHAM SPRINGS

City

LA

State

Suite #

70706

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		
Name of Business LA RESTAURANT ASSOCIATION		
Address PO BOX 6990		
Street		Suite #
METAIRIE	LA	70009
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
MEDICAL AND HEALTHCARE PAYMENTS		

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		
Name of Business LUBA		
Address PO BOX 98082		
Street		Suite #
BATON ROUGE	LA	70898
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
MEDICAL AND HEALTHCARE PAYMENTS		

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		
Name of Business MAILHANDLERS BENEFIT PLAN		
Address PO BOX 8402		
Street		Suite #
LONDON	KY	40742
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
MEDICAL AND HEALTHCARE PAYMENTS		



**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>MEDICAID OF LOUISIANA</u>		
Address <u>PO BOX 91020</u>		
Street	Suite #	
<u>BATON ROUGE</u>	<u>LA</u>	<u>70821</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>MEGA LIFE AND HEALTH INSURANCE COMPANY</u>		
Address <u>PO BOX 982009</u>		
Street	Suite #	
<u>N. RICHLAND HILLS</u>	<u>TX</u>	<u>76182</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>MERITAIN HEALTH PHCS</u>		
Address <u>PO BOX 853921</u>		
Street	Suite #	
<u>RICHARDSON</u>	<u>TX</u>	<u>75085</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business MIDWEST NATIONAL LIFE INSURANCE COMPANY OF TN

Address PO BOX 982017

Street

N. RICHLAND HILLS

City

TX

State

Suite #

76182

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business MISSISSIPPI BLUE CROSS STATE EMPLOYEE

Address PO BOX 23071

Street

JACKSON

City

MS

State

Suite #

39225

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business MISSISSIPPI PHYSICIANS CARE NETWORK

Address PO BOX 1530

Street

RIDGELAND

City

MS

State

Suite #

39158

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

☒ Filer ☐ Spouse

Name of Business MUTUAL OF OMAHA

Address MUTUAL OF OMAHA PLAZA

Street

Suite #

OMAHA

NE

68175

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business NEIHBP

Address PO BOX 910

Street

Suite #

NEWTOWN SQUARE

PA

19073

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

☒ Filer ☐ Spouse

Name of Business NEW ORLEANS ELECTRIC HEALTH PLAN

Address PO BOX 1449

Street

Suite #

GOODLETTSVILLE

TN

37070

City

State

Zip Code

Description of services rendered for the business or a reason the income was received:

MEDICAL AND HEALTHCARE PAYMENTS

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>NORTH AMERICA ADMINISTRATORS</u>		
Address <u>PO BOX 1984</u>		
Street	Suite #	
<u>NASHVILLE</u>	<u>TN</u>	<u>37202</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>PLUMBERS AND STEAMFITTERS</u>		
Address <u>PO BOX 845</u>		
Street	Suite #	
<u>BUCKEYSTOWN</u>	<u>MD</u>	<u>21717</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>PPO PLUS</u>		
Address <u>PO BOX 90802</u>		
Street	Suite #	
<u>LUBBOCK</u>	<u>TX</u>	<u>79408</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>RETIREE MEDICAL INSURANCE PLAN, THE HARTFORD GROUP BENEFITS</u>		
Address <u>PO BOX 10432</u>		
<u>Street</u>	<u>Suite #</u>	
<u>DES MOINES</u>	<u>IA</u>	<u>50306</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>RSL SPECIALITY PRODUCTS ADMINISTRATION</u>		
Address <u>505 SOUTH LENOLA RD.</u> <u>231</u>		
<u>Street</u>	<u>Suite #</u>	
<u>MOORESTOWN</u>	<u>NJ</u>	<u>08057</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>SAMBA</u>		
Address <u>11301 OLD GEORGETOWN RD</u>		
<u>Street</u>	<u>Suite #</u>	
<u>ROCKVILLE</u>	<u>MD</u>	<u>20852</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>SELECT ADMINISTRATIVE SERVICES</u>		
Address <u>PO BOX 3209</u>		
Street	Suite #	
<u>GULFPORT</u>	<u>MS</u>	<u>39505</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>TENET CHOICES 65</u>		
Address <u>200 W. ESPLANADE</u> <u>600</u>		
Street	Suite #	
<u>KENNER</u>	<u>LA</u>	<u>70065</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>TIME INSURANCE COMPANY PHCS</u>		
Address <u>PO BOX 891602</u>		
Street	Suite #	
<u>EL PASO</u>	<u>TX</u>	<u>79998</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>TOTAL PLAN SERVICES INC</u>		
Address <u>14001 DALLAS PKWY NORTH</u>		
Street		Suite #
<u>DALLAS</u>	<u>TX</u>	<u>75240</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>TOWER LIFE INSURANCE COMPANY</u>		
Address <u>910 S. ST. MARYS STREET</u>		
Street		Suite #
<u>SAN ANTONIO</u>	<u>TX</u>	<u>78205</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>TRICARE</u>		
Address <u>PO BOX 7031</u>		
Street		Suite #
<u>CAMDEN</u>	<u>SC</u>	<u>29020</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>TRINITY INSURANCE SERVICES</u>		
Address <u>PO BOX 1723</u>		
Street	Suite #	
<u>MANDEVILLE</u>	<u>LA</u>	<u>70470</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>UNICARE LIFE HEALTH INSURANCE COMPANY</u>		
Address <u>PO BOX 4458</u>		
Street	Suite #	
<u>CHICAGO</u>	<u>IL</u>	<u>60680</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>UNITED AMERICAN INSURANCE COMPANY</u>		
Address <u>PO BOX 26400</u>		
Street	Suite #	
<u>OKLAHOMA CITY</u>	<u>OK</u>	<u>73126</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		



**SCHEDULE F**  
**INCOME FROM BUSINESS INTERESTS**

☐ Check if Not Applicable

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (**in value ranges by category**) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>WAUSAU INSURANCE COMPANY</u>		
Address <u>PO BOX 8013</u>		
Street	Suite #	
<u>WAUSAU</u>	<u>WI</u>	<u>54402</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business <u>WORLD INSURANCE COMPANY</u>		
Address <u>PO BOX 2804</u>		
Street	Suite #	
<u>CLINTON</u>	<u>IA</u>	<u>52733</u>
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
<u>MEDICAL AND HEALTHCARE PAYMENTS</u>		

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Business _____		
Address _____		
Street	Suite #	
_____	_____	_____
City	State	Zip Code
Description of services rendered for the business or a reason the income was received:		
_____		

**SCHEDULE G  
OTHER INCOME**

☐ Check if Not Applicable

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (**in value ranges by category**), excluding income reported in another section of this report.

**Note:** Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

☒ Filer ☐ Spouse

I    II    III    IV  
Amount of Income: ☐ ☒ ☐ ☐

Description of Income

MEDICAL CONSULTING

Description of service rendered or the reason the income was received:

REVIEW OF LEGAL CASES, DEPOSITIONS, TESTIMONY, TRIAL PREPARATION, EXPERT WITNESS FEES

☐ Filer ☒ Spouse

I    II    III    IV  
Amount of Income: ☒ ☐ ☐ ☐

Description of Income

AEROBIC INSTRUCTOR

Description of service rendered or the reason the income was received:

TEACHING GROUP EXERCISE CLASSES AT CROSS GATES ATHLETIC CLUB

☐ Filer ☐ Spouse

I    II    III    IV  
Amount of Income: ☐ ☐ ☐ ☐

Description of Income

Description of service rendered or the reason the income was received:

**SCHEDULE H  
IMMOVABLE PROPERTY**

☐ Check if Not Applicable

A brief description, fair market value or use value ( **in value ranges by category** ) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	<div style="display: flex; justify-content: space-around;"><span>I</span><span>II</span><span>III</span><span>IV</span></div> <div style="display: flex; justify-content: space-between;"><div>Value of Property:</div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></div></div>
Location of property:	
Country <u>U.S.A.</u>	State <u>LOUISIANA</u>
Parish/County <u>ST. TAMMANY</u>	
Property Description:	
<u>135 AYSHIRE COURT, SLIDELL, LA. PERSONAL HOME</u>	

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	<div style="display: flex; justify-content: space-around;"><span>I</span><span>II</span><span>III</span><span>IV</span></div> <div style="display: flex; justify-content: space-between;"><div>Value of Property:</div><div><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></div></div>
Location of property:	
Country <u>U.S.A.</u>	State <u>LOUISIANA</u>
Parish/County <u>ST. TAMMANY</u>	
Property Description:	
<u>10 ACRES IN PEARL RIVER (HONEY ISLAND SWAMP)</u>	

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	<div style="display: flex; justify-content: space-around;"><span>I</span><span>II</span><span>III</span><span>IV</span></div> <div style="display: flex; justify-content: space-between;"><div>Value of Property:</div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></div></div>
Location of property:	
Country <u>U.S.A.</u>	State <u>ALABAMA</u>
Parish/County <u>BALDWIN</u>	
Property Description:	
<u>CONDOMINIUM IN GULF SHORES ALABAMA</u>	

**SCHEDULE H**  
**IMMOVABLE PROPERTY**

☐ Check if Not Applicable

A brief description, fair market value or use value ( **in value ranges by category** ) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	I    II    III    IV
Location of property:	Value of Property: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Country U.S.A. _____	State LOUISIANA _____
Parish/County ST. BERNARD _____	
Property Description:	
1/3 OWNERSHIP OF ST. BERNARD PARISH MARSH LAND _____	

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	I    II    III    IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country U.S.A. _____	State MISSISSIPPI _____
Parish/County PEARL RIVER COUNTY _____	
Property Description:	
50% OWNERSHIP OF 65 ACRES OF PROPERTY IN MS. _____	

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	I    II    III    IV
Location of property:	Value of Property: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Country U.S.A. _____	State LOUISIANA _____
Parish/County ST. TAMMANY _____	
Property Description:	
50% OWNERSHIP OF 80 ACRES OF PROPERTY IN ST. TAMMANY PARISH _____	

**SCHEDULE I  
INVESTMENT HOLDINGS**

☒ Check if Not Applicable

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

## SCHEDULE J TRANSACTIONS

☒ Check if Not Applicable

A brief description, amount (**in value ranges by category**), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>

**SCHEDULE K  
LIABILITIES**

☒ Check if Not Applicable

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the state.

☐ Filer   ☐ Spouse

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

Suite # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name of Guarantor (if any) \_\_\_\_\_

☐ Filer   ☐ Spouse

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

Suite # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name of Guarantor (if any) \_\_\_\_\_

☐ Filer   ☐ Spouse

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

Suite # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name of Guarantor (if any) \_\_\_\_\_

## SCHEDULE L

### OTHER OFFICES/POSITIONS

☒ Check if Not Applicable

Please set forth below any and all other office/positions held which would trigger a filing under Section 1124.2.1 (Tier 2.1) and/or Section 1124.3 (Tier 3) of the Code of Governmental Ethics.

**NAME OF POSITION OR OFFICE HELD:**

[illegible]